

**15th Texas HIV/STD Conference
Roundtable Discussion
Tuesday, December 12, 2006**

The Medical Monitoring Project (MMP)

a multi-stage probability sample of
HIV infected adults in care



City - State MMP

Houston: Osaro Mgbere, Data Manager
Tai Fasoranti, Project Coordinator

Texas: Mark Heinzke, Data Manager
Sylvia Odem, Project Coordinator

What is MMP?

- ❖ A survey and medical chart review about the experiences and needs of people living with HIV and AIDS in the US
 - Behaviors
 - Clinical outcomes
 - Type and quality of care received
 - Identify met and unmet needs for HIV care and prevention services

Medical Monitoring Project Goals

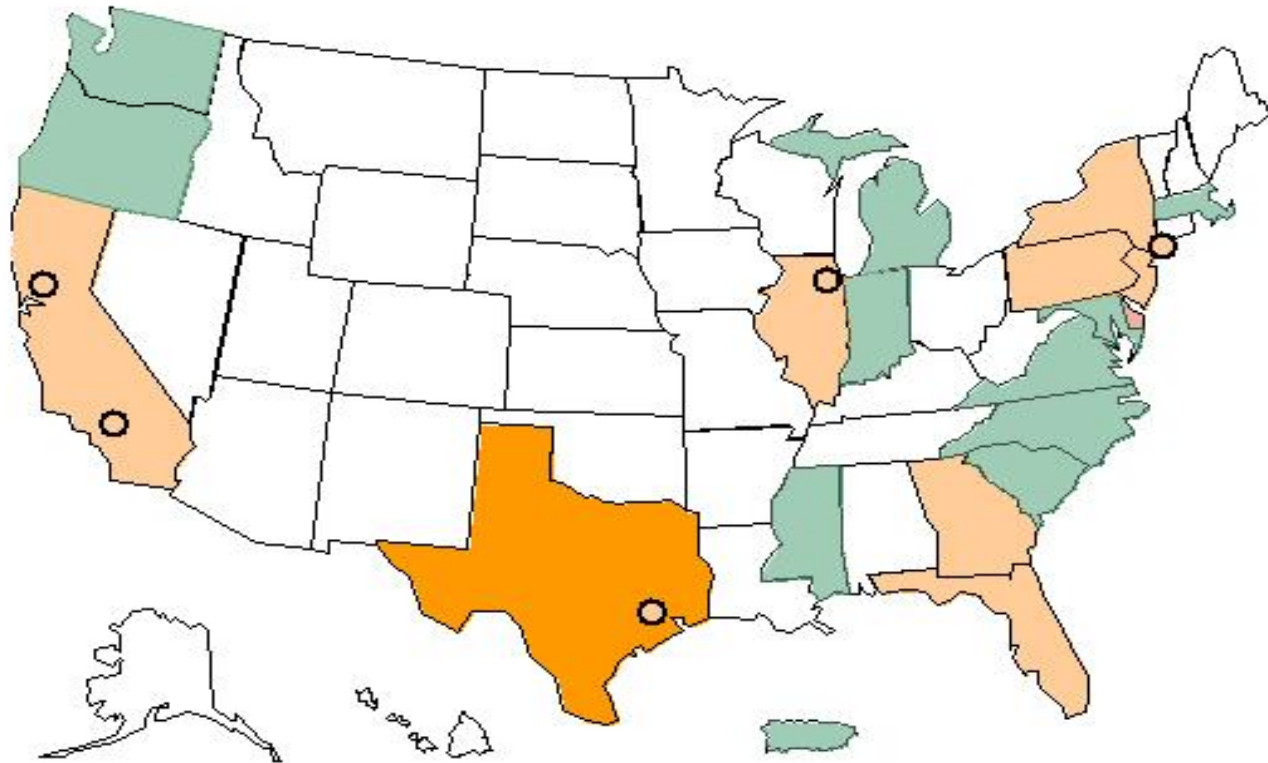
- ❖ Provide local and national estimates for the population in care for HIV;
- ❖ Determine health-related behaviors and access to and use of prevention and support services;
- ❖ Gain knowledge of care and treatment provided;
- ❖ Examine variations of factors by geographic area and patient characteristics.

Goal of MMP Roundtable:

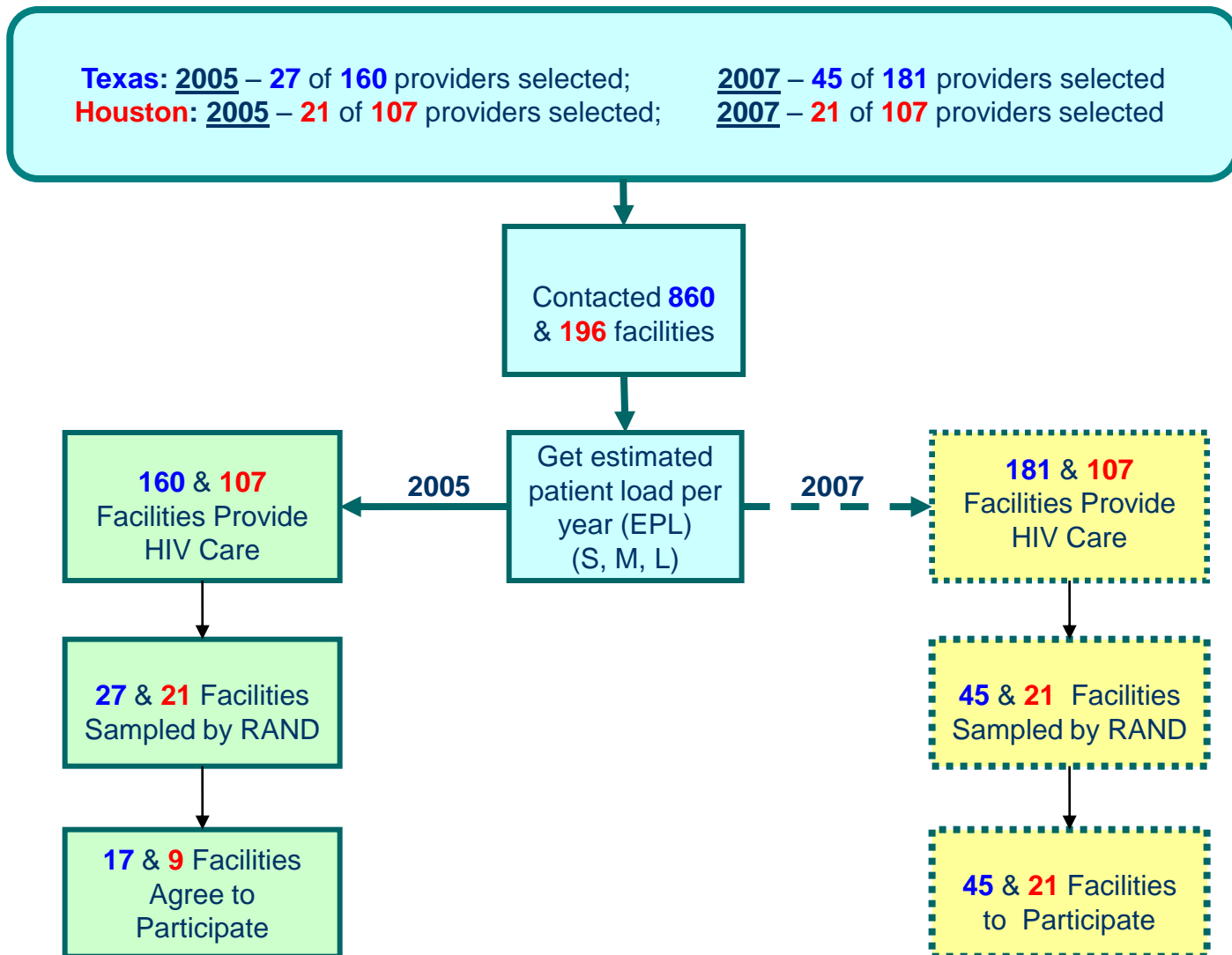
- ❖ Describe a multi-stage probability sampling project of adults in care for HIV in the US
- ❖ How, if done correctly, it will provide population-based estimates
- ❖ But its success is dependent on many caveats

First Stage – States and Cities Selected

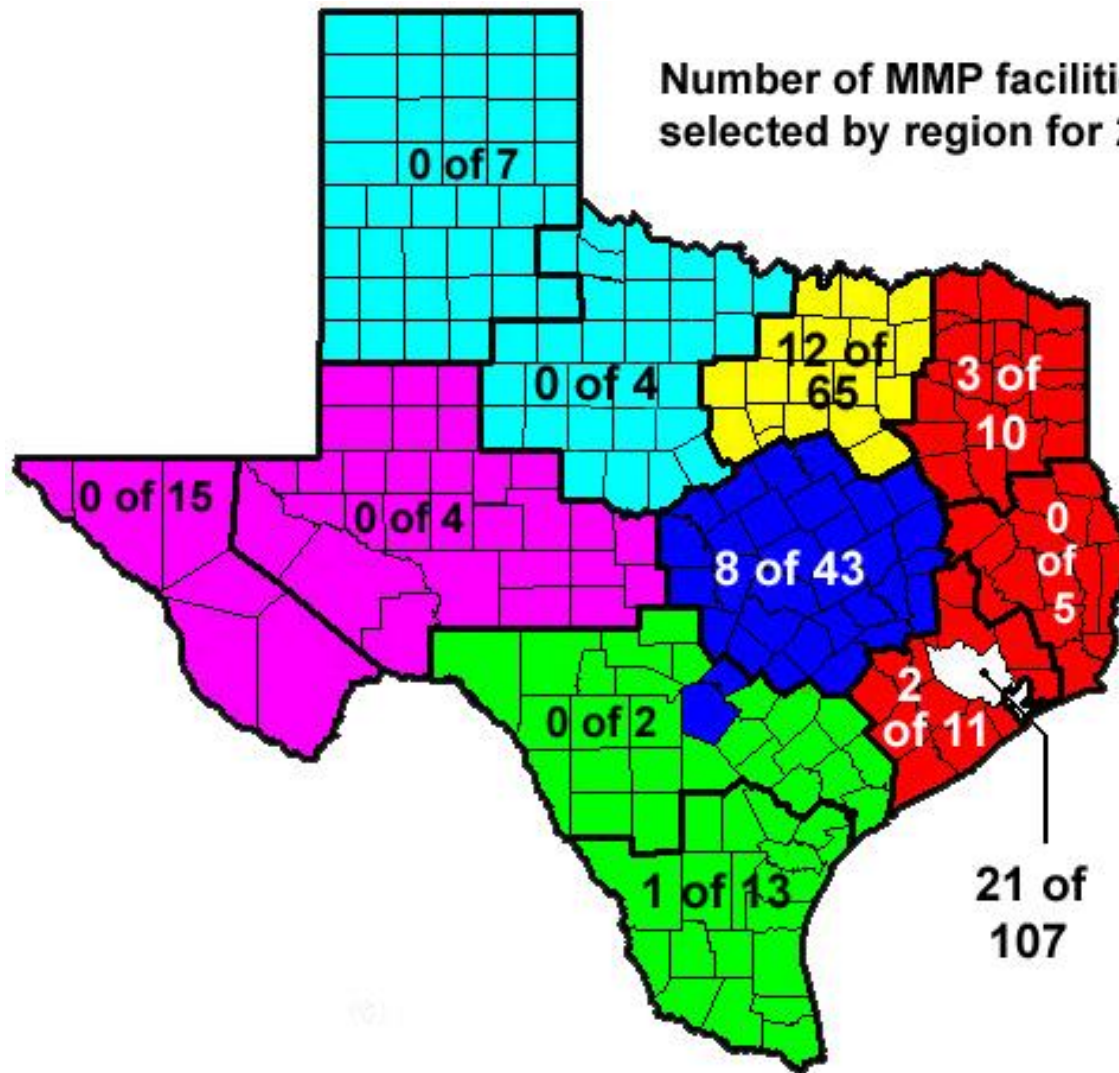
20 states & 6 cities sampled
AIDS prevalence (probability proportionate to size – S, M, L)
Texas and Houston – two large sites



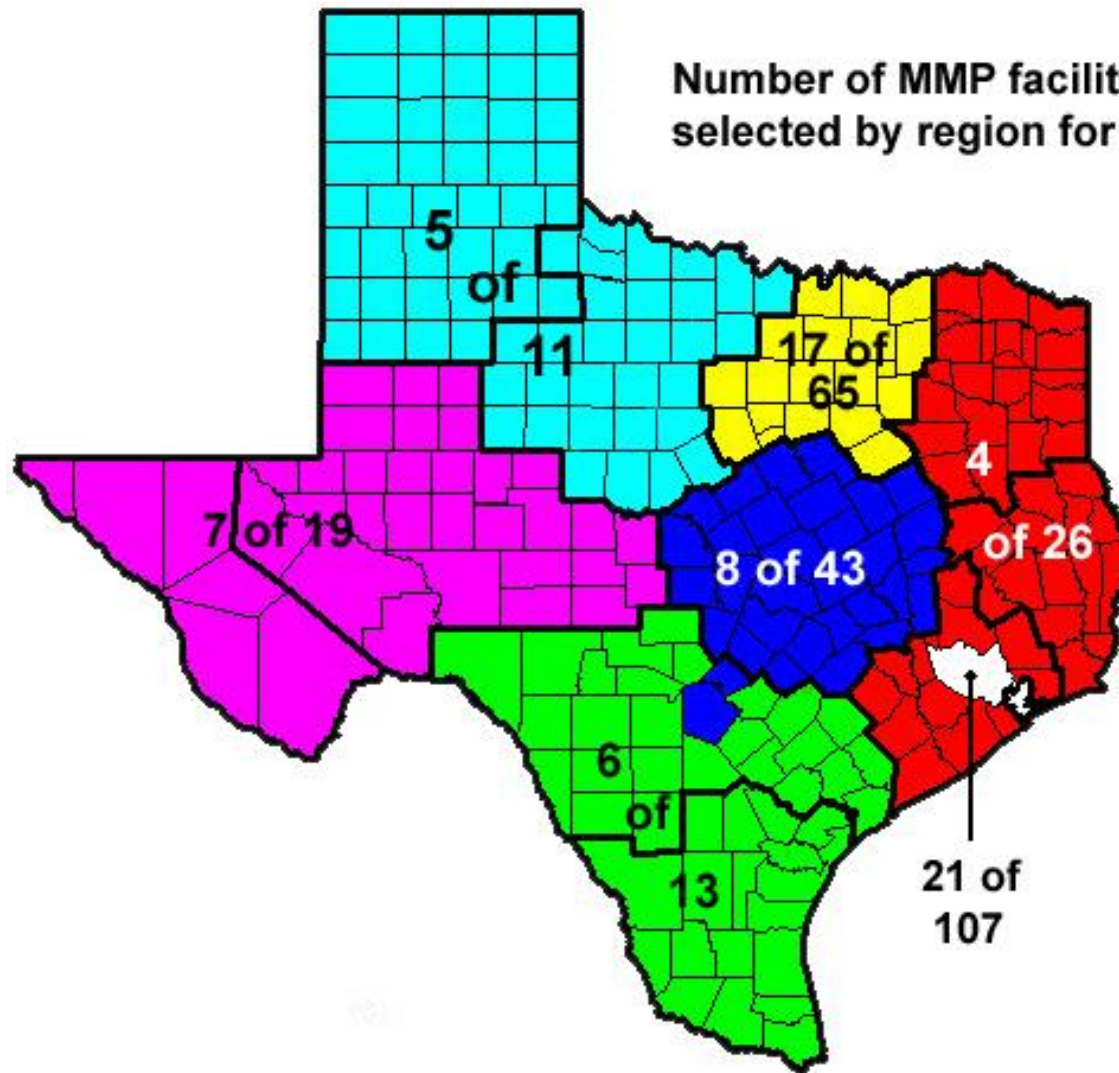
Second Stage – HIV Care Providers Selected



Number of MMP facilities
selected by region for 2005

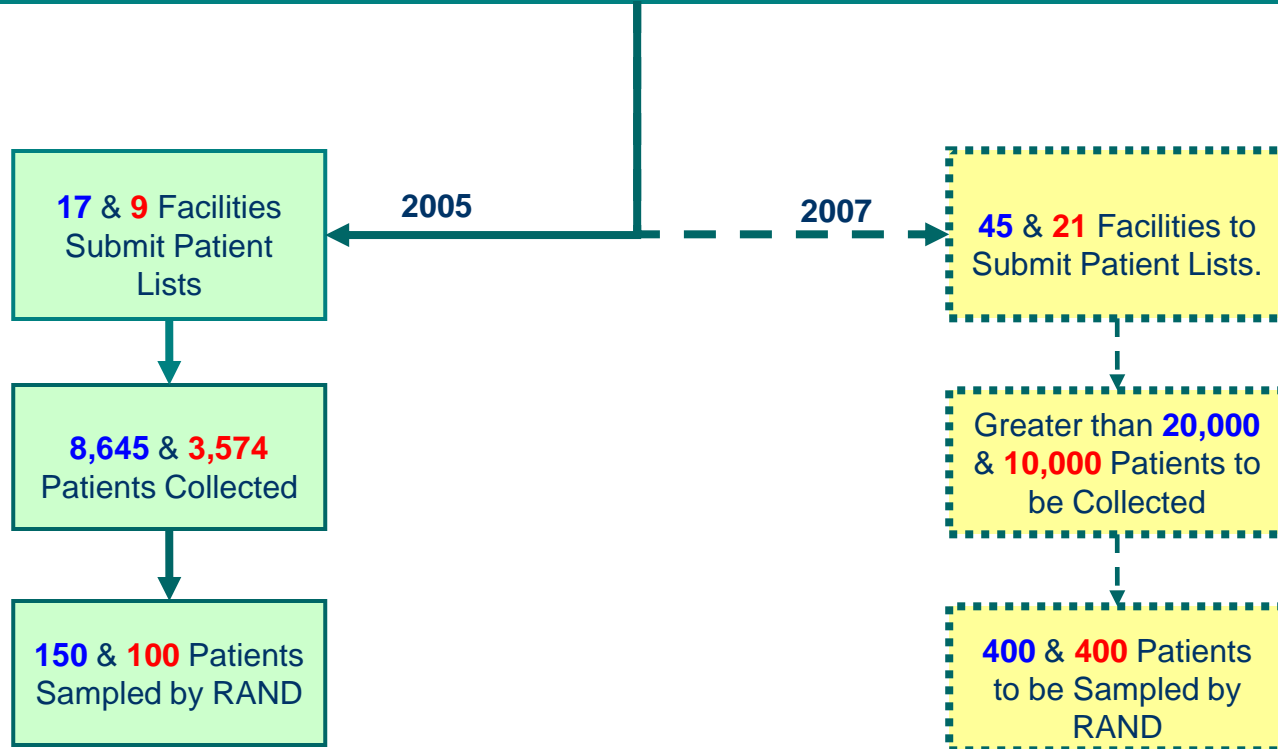


Number of MMP facilities
selected by region for 2006



Third Stage – Patients Selected

Texas: 2005 – 8,645 Total Patients, 150 Sampled. 2007 – >20,000 Total Patients, 400 Sampled
Houston: 2005 – 3,574 Total Patients, 100 Sampled. 2007 - >10,000 Total Patients, 400 Sampled



Patient Interview

- ❖ Demographics
- ❖ Access to Health Care
 - ❖ Adherence
- ❖ Unmet Needs
- ❖ Sexual Behaviors
- ❖ Drug Use Behaviors
- ❖ Local Questions Module

Medical Chart Abstraction

- ❖ Demographics
- ❖ Insurance Status
- ❖ Opportunistic Illnesses
- ❖ Antiretroviral Therapy
- ❖ Laboratory Data
- ❖ Substance Abuse/Mental Health
- ❖ Referrals to other facilities/services

Local Questions Module

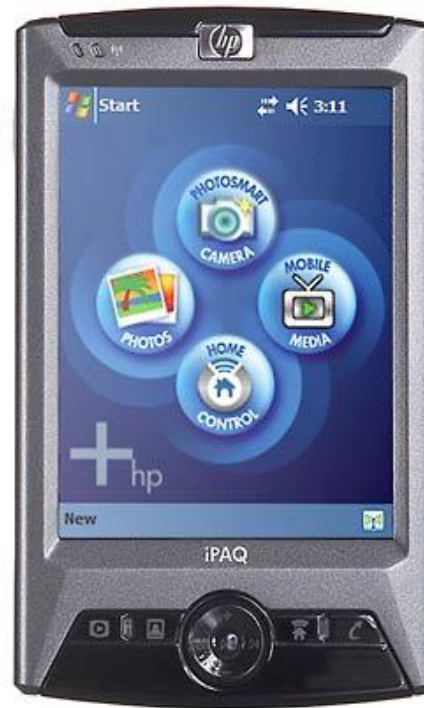
- ❖ Captures the health needs and services of local communities
- ❖ Based on consumer, provider, stakeholder and community inputs

Examples:

- Optimism about the future
- Role of family in staying healthy
- Role of CBOs in educating patients
- Tobacco use and anthropometric measurements
- Transportation

Electronic data collection

- ❖ Handheld Assisted Personal Interview (HAPI)
 - Pocket PCs
- ❖ Computer Assisted Personal Interview (CAPI)
 - Laptops
- ❖ Medical Record Abstraction (MRA) Application



Electronic Data Collection Advantages

- ❖ Entry of data at time of administration of interview
 - No separate data entry (time and costs)
- ❖ Data quality
 - Eliminates skip pattern errors
 - Automatic entry/calculation of certain variables
 - Simplifies review/standardization of survey
- ❖ Clean data available almost immediately
 - No/minimal data cleaning
 - Allows more tools for monitoring of sites and interviewers

Patients Eligible for Interview

- ❖ Patients HIV+ 18 years of age or older
- ❖ Patients with HIV seen at the sampled facility during the patient definition period (4 month time period)

Records Eligible for Abstraction

- ❖ Records of interviewed patients at the facility from which they were recruited
- ❖ Records from other facilities at which they received HIV care during the surveillance period

Medical History Form

--- MMP Medical Record Abstraction Form ---

Patient's Name: _____ Physician's Name: _____ Phone No.: () _____
 Address: _____ Hospital/Clinic: _____ Medical Record No.: _____

--- Patient identifier information is not transmitted to CDC ---

Information in the surveillance system that would permit identification of any individual or whom a report is submitted, is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated in the assurance in the protocol, and will not otherwise be disclosed or released without the consent of the individual in accordance with Sections 306 and 306(c) of the Public Health Service Act (42 USC 2606 and 2606(c)).

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control & Prevention

Morbidity Monitoring Project (MMP)
Medical Record Abstraction Form
Medical History Form

CDC

I. ABSTRACTION AND IDENTIFICATION INFORMATION

Patient Identification Number: _____ Date of Initial Contact at this Facility: _____
 State: _____ City/Country: _____ Zip Code: _____
 Date of Abstraction: _____ Initials of person abstracting information: _____ Surveillance Period (SP) (Abstract events occurring prior to this period): _____
 Start Date: _____ End Date: _____
 Dates of medical record information abstracted: _____ Clinic Location: _____
 From: _____ Clinic Site Code: _____ Zip Code: _____

II. PATIENT INFORMATION

Date of Birth: _____ Sex at Birth: _____ Current Sex: _____
 1 Male 2 Female 3 Unknown/Not Documented
 Age (if Date of Birth Unknown): _____
 Race (Check all that apply):
 1 Hispanic or Latino Ethnicity: _____ 2 American Indian or Alaska Native _____ 3 Native Hawaiian or Pacific Islander _____ 4 Unknown/Not Documented
 1 Yes, Hispanic or Latino 2 No, Not Hispanic or Latino 3 Asian _____ 4 White _____
 1 Black or African American _____ 2 Other, Specify: _____
 Most recent weight in lbs: _____ Date: _____ Height: _____ ft _____ inches

III. INSURANCE STATUS

Type of Insurance during the visit prior to SP (Check all that apply):
 1 None 2 Medicare 3 Private (including HMOs and PPOs) 4 Self Insured
 2 CHAMPUS/Tricare 3 AIDS Drug Assistance Program 4 Veterans Administration 11 Other, Specify: _____
 3 Medicaid 4 Other Public Insurance 5 Unknown

IV. DISEASES INDICATIVE OF AIDS

Record any AIDS opportunistic infections (OI) diagnosed EVER. Check this box ☐ if no diagnosis of OI. For conditions with more than one diagnosis (episodes), enter the date of earliest diagnosis and enter the number of episodes.

Disease	Date of Diagnosis (if First Episode)	No. of Episodes	Disease	Date of Diagnosis (if First Episode)	No. of Episodes
	Mo. Year			Mo. Year	
Candidiasis, bronchi, trachea, or lungs			Lymphoma, Burkitt's (or equivalent term)		
Candidiasis, esophageal			Lymphoma, immunoblastic (or equivalent term; IBL)		
Carcinoma, invasive cervical			Lymphoma (primary in brain)		
Coccidioidomycosis, disseminated or extrapulmonary			Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary		
Cryptococcosis, extrapulmonary			M. tuberculosis, pulmonary		
Cryptosporidiosis, chronic intestinal (>1 mo. duration)			M. tuberculosis, disseminated or extrapulmonary		
Cytomegalovirus disease (other than in liver, spleen, or nodes)			Mycobacterium of other species or unidentified species, disseminated or extrapulmonary		
Cytomegalovirus retinitis (with loss of vision)			Pneumocystis carinii pneumonia		
HIV encephalopathy			Pneumonia, recurrent in 12 mo. period		
Herpes simplex: chronic ulcer (>1 mo. duration) or bronchitis, pneumonitis, or esophagitis			Progressive multifocal leukoencephalopathy (PML)		
Histoplasmosis, disseminated or extrapulmonary			Salmonella septicemia, recurrent		
Isosporiasis, chronic intestinal (>1 mo. duration)			Toxoplasmosis of brain		
Kaposi's sarcoma (KS)			Wasting syndrome due to HIV		

CDC 50-499 3/2005

- ❖ Clinical information from the period prior to the SP
- ❖ Have important background information to understand the course of events.
- ❖ May be incomplete for persons receiving care from more than one facility

Surveillance Period (visit) Form

Patient's Name: _____ Physician's Name: _____ Phone No.: () _____
 Address: _____ Hospital/Clinic: _____ Medical Record No.: _____

-- Patient identifier information is not transmitted to CDC --
 Information in the surveillance system that would permit identification of any individual on whom a record is maintained, is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated in the assurance in the protocol, and will not otherwise be disclosed or released without the consent of the individual to whom it is associated with Sections 505 and 506(c) of the Public Health Service Act (42 USC 265c and 2656(c)).

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Disease Control & Prevention

Morbidity Monitoring Project (MMP)
Medical Record Abstraction Form
 Surveillance Period (Visit) Form

CDC

I. ABSTRACTION AND IDENTIFICATION INFORMATION

Patient identification number: _____ Date of medical care visit to which this record pertains: _____
 Patient's residence during this visit: State: _____ City/County: _____ Zip Code: _____
 Surveillance Period (SP) (Abstract events occurring during this period): Start: _____ End: _____ Clinic Location: _____ Zip Code: _____
 Start: _____ End: _____ Clinic Site Code: _____

II. PATIENT INFORMATION

Vital status at the end of this visit: ☐ Alive ☐ Dead ☐ "Dead", Date of Death: _____ Weight in lbs during this visit: _____
 Presenting (chief) complaint during this visit: _____

III. HEALTH CARE DATA AND INSURANCE STATUS

Was this visit: ☐ Outpatient ☐ Inpatient ☐ STD Clinic ☐ TB Clinic ☐ Ch-Gyn Clinic ☐ Unknown/Not Documented ☐ Other, Specify: _____
 Did the patient receive any of the following care during this visit or between visits? (Check all that apply)
☐ Case Manager ☐ Nursing Home ☐ Rehabilitation Center ☐ Dental Care ☐ Mental Health ☐ Radiologist ☐ Ch-Gyn
☐ Adherence Support ☐ Hospice Care ☐ Home Care ☐ Substance Abuse ☐ Gynecologist ☐ Cardiologist
 Is there any document of visit to other provider/facility between these visits? ☐ Yes ☐ No ☐ Unknown/Not Documented "Yes", enter provider/facility information below:
 Provider/Facility Name: _____ Provider/Facility Address (Number, Street, City, State, Zip Code): _____ Date of Visit: _____
 1. _____
 2. _____

Type of insurance during this visit (Check all that apply):
☐ None ☐ Medicaid ☐ AIDS Drug Assistance Program ☐ Private (including HMOs and PPOs) ☐ Unknown ☐ Other, Specify: _____
☐ CHAMPUS/Tricare ☐ Medicare ☐ Other Public Insurance ☐ Veterans Administration ☐ Self-Insured
☐ Federal ☐ Non-Federal

IV. DISEASES INDICATIVE OF AIDS

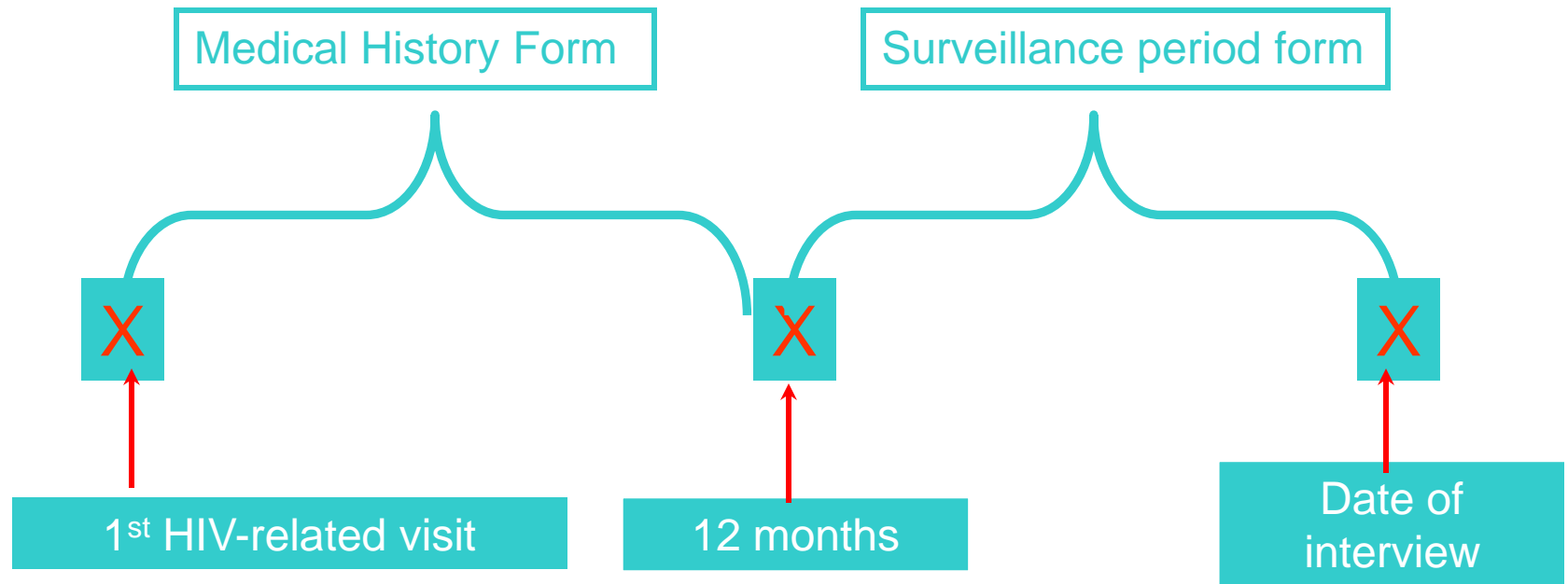
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CDC 90-461 3/2008

- ❖ Information collected includes only visits that occurred during the surveillance period
- ❖ Abstraction from eligible sites (in addition to one from which patient was recruited)
- ❖ Abstractors will use one form for each visit the patient had during the surveillance period

Time Periods Covered by Medical Record Abstraction



2005 Interview & Chart Abstraction Summary

- ❖ Interviews Completed
 - ❖ Texas - 84
 - ❖ Houston - 22

- ❖ Chart Abstractions Completed
 - ❖ Texas - 85
 - ❖ Houston - 74

Linking Interview Data with Medical Record Abstraction Data

- ❖ Two sources increases data completeness
 - e.g., coverage of influenza vaccination
- ❖ Advance the quality of data available for prevention services
 - e.g., prevalence of unsafe sexual practice
- ❖ Opportunity to critically evaluate existing methodologies of supplemental surveillance
- ❖ Evaluate the best source of information

Uses of Information from MMP

- ❖ Assess the provision and impact of treatments for HIV
- ❖ Provide local and national estimates for the population in care for HIV
- ❖ Measure health care utilization and ongoing HIV risk behaviors
- ❖ Assess health care seeking behaviors and measure quality of life for PLWHA
- ❖ Use to determine variations of factors by geographic area and patient characteristics
- ❖ Describe acceptance of and adherence to prescribed antiretroviral therapy, locally, statewide and nationally

Uses of Information from MMP

(Cont'd)

Local

- ❖ Ryan White reporting requirements
- ❖ Epi profiles
- ❖ Evaluation of local prevention programs
- ❖ Evaluation of resource needs for treatment and care
- ❖ Information on access to care and prevention services

National

- ❖ Healthy People 2010
- ❖ Documentation of impact of Ryan White CARE Act-supported care
- ❖ Treatment Guidelines
 - Evaluation of compliance
 - Revisions

Representativeness of Data

The MMP multi-stage sampling method will provide data that is representative at local, state and national levels of:

- ❖ HIV infected adults in care
- ❖ Their Behaviors
 - Adherence; sexual; drug use; care-seeking
- ❖ Clinical outcomes
 - Treatment; CD4 and viral load; opportunistic illnesses
- ❖ Type and quality of care received
- ❖ Met and unmet needs for HIV care and prevention services

HMMP Contact Information

Taiwo O Fasoranti MD (HMMP Provider Liaison)

Epidemiologist

Houston Department of Health & Human Services

8000 North Stadium Drive, 4th Floor

Houston Texas 77054

Phone: 713-794-9181

Fax: 713-794-9182

TX MMP Contact Information

Sylvia Odem, MPH, Project Coordinator

Texas Medical Monitoring Project

Department of State Health Services

HIV/STD Epidemiology Group

Austin, Texas 78756

512-533-3053

512-371-4676 fax

TXMMP@dshs.state.tx.us